

Case Number:	CM15-0075837		
Date Assigned:	04/27/2015	Date of Injury:	01/12/2012
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old man sustained an industrial injury on 1/12/2012. The mechanism of injury is not detailed. Evaluations include nerve conduction study dated 2/14/2012 and an undated right shoulder MRI. Unofficial nerve conduction testing from 2/14/12 demonstrates moderate to severe left carpal tunnel syndrome. Diagnoses include bilateral rotator cuff syndrome and bilateral carpal tunnel syndrome. Treatment has included oral medications, splinting, activity modification, and cortisone injection. Physician notes dated 3/27/20125 show complaints of pain and numbness in the bilateral hands and right shoulder. Recommendations include surgical intervention and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left endoscopic carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the 133 pages of medical records submitted of a formal report demonstrating electrodiagnostic evidence of carpal tunnel syndrome. Therefore, the determination is for non-certification.